							Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOI								10 Maria					
·		107/855723											
	S FILED - PART I (Column 1) (Co			mn 2)	SMALL TYPE		ENTITY	r OF		R THAN ENTITY			
TOTAL CLAIMS							RATE	FEE	7	RATE	FEE		
FOR		NUMBER FILED N		NUMBI	MBER EXTRA		BASIC FE	E \$375	OB	BASIC FE	\$750		
TOTAL CHARGEABLE CLAIMS		m	minus 20= *				X\$ 9=		OR	V240			
NDEPENDENT CLAIMS		minus 3 = .					X43≈	┧	-		-		
MULTIPLE DEPENDENT CLAIM PRESENT								<del> </del> -	OR				
If the difference in column 1 is less than zero, enter "0" in column 2							+145=		OR	+290=			
		•	•				TOTAL		OR	TOTAL	L		
7 7 0 4 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST							SMALL	ENTITY	OR	OTHER SMALL	THAN ENTITY		
Total Independent	REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL	]	RATE	ADDI- TIONAL		
Total	. 25	Minus	- 0				X\$-9=	FEE	OR	X\$18=	FEE		
Independent	• 3	Minus	••• (			7	X435			X86 =			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR				
1						L	+145=	<u> </u>	OR	+290=			
2116						A	TOTAL DDIT FEE		JOR ,	TOTAL ADDIT. FEE			
	(Column 1)	Tax assume	(Column		Column 3)					<u>,</u>			
Total Independent	REMAINING AFTER AMENDMENT		NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Total	.05	Minus	-27			T	XS 9=		OR	X\$18=			
Independent	. 3	Minus ·	··.3		3.	ŀ	X43=		1				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							749-		OR	X86=			
		•	•		:	L	+145=		OR	+290=			
· }			•			A	TOTAL DOIT, FEE		ORI ,	TOTAL DOIT. FEE			
7-16-02.	(Column 1)		(Column		Column 3)								
Total Independent	CLAIMS REMAINING AFTER AMENDMENT		HIGHES' NUMBER PREVIOUS PAID FOI	ELY I	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL		
Total	51	Minus	<b>-</b> 27		_	H	XE95	FEE	OR	x₹ <b>7</b> €	FEE		
Independent	. 3	Minus	** 3	-	-	-			~-				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X4D	·	OR	<b>APP</b>			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							<b>BE</b>		OR	<b>290</b> 5			
" if the "Highest Nur "If the "Highest Nu	mber Previously Pai mber Previously Pai	id For IN THIS Id For IN THIS	SPACE is les SPACE is les	s than 2 is than 3	0, enter "20." . enter "3."		TOTAL DIT. FEE			TOTAL DOTT. FEE			
เพิ่นธริเนกม	ber Previously Paid	ror (Total or	ingependent)	ន លទ សុវ	prest number k	ound	to the appr	opriate box	in colur	nn 1.	}		
MPTO-875 (Rev 14	101		<del></del>		Pa	etterd	and Tradema	rk Office, U.S	. DEPAF	TMENT OF C	OMMERCE		

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